

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SEQUENCE NO.</small> 097763081	<small>FILING DATE</small>				
							<small>APPLICANT(S)</small>					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
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